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OBSERVATIONS

ON

EXTRACTION OF DISEASED OVARIA.

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OBSERVATIONS

ON

EXTRACTION OF DISEASED

OVARIA;

ILLUSTRATED BY

PLATES COLOURED AFTER NATURE.

By JOHN LIZARS, Surgeon,

AUTHOR OF THE SYSTEM OF ANATOMICAL PLATES, &c.

"Cette exemple, et celui de l'amputation totale de l'utérus et du vagin, pratiquée avec succès, autorisent egalement à assurer qu'avec les connoissances profondes de l'anatomie, il n'est guère d'organes sur lesquels on ne puisse exercer avec avantage les diverses operations de la chirurgie."—L'Aumonier.

"This operation will, I am persuaded, ultimately come into general use; and if the British surgeons will not patronize it, the French and American surgeons will."—Dr. Blundell's *Physiological and Pathological Researches.*

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ON

EXTRACTION OF DISEASED OVARIA.

I AM induced to publish the history of the following cases of Diseased Ovaria, with the operations performed for their extraction, in consequence of the majority of the Medical profession of this place, and many of the practitioners in London, considering the operation as either speculative or improper, and the practicability of it having been hitherto questioned in this country.

From the records of medicine, it appears that the ovaria are as subject to disease as any other organ in the body; and, from their attaining enormous size, producing great pain, and destroying the life of the sufferer, they have early called the attention of practitioners. They appear subject to inflammation, both acute and chronic, the latter terminating either in dropsy, the fluid being contained in one or more cysts; or in dropsy, combined with various degenerations of texture and morbid productions, as collections of hydatids, scirrhus, ossification, calculi, steatoma, atheroma, melliceris, hair, bones, and teeth. Various modes of treatment have been invented, and had recourse to, for the numerous varieties of this disease. For the simple dropsical affection, mercury, diuretics, and tapping, or *paracentesis abdominis*, have been employed; but these have only proved temporary palliatives. Puncturing, and keeping the orifice open, so as to seize hold of the sac and remove it gradually, has effected a permanent cure; so also has the introduction of a seton; and the same end, it will appear, has been accomplished by the operation of gastrotomy, or the making a free incision into the abdomen, and removing the entire sac, especially where the tumour has consisted of some firm substance.

Le Dran cured dropsy, accompanied with scirrhus of the ovarium, by incision and suppuration; Littre used injections, compresses, and bandage;* Chomel also used

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* "L'epaisseur de la liqueur nous obligea à nous servir d'un troiquart fort gros, et sa puanteur à *faire des injections vulnéraires* dans le ventre par la canule même, immédiatement après avoir vuidé la liqueur qui faisoit l'hydropisie." Littre styles this case, "une hydropisie de peritoine," but, from the dissection, it appears to have been ovarian dropsy; for in describing the interior sac, or that which enclosed the fluid, he observes, "cette membrane étoit libre par tout, excepté à l'endroit de la trompe gauche de la matrice,

injections ;* Morgagni likewise talks of injections, after the removal of the dropsical fluid in the ovarium ; Professor Dzondi of Halle informed me, that he had frequently cured this disease by incision, and the introduction of a tent, and afterwards removing the sloughing sac by the forceps ; and my friend, Dr. Edward Scudamore, at Wye, in Kent, injected diluted port-wine, and a solution of sulphate of zinc, in dropsy of the ovarium, without being able to produce inflammation and adhesion.—In 1821, A. C. 36 years of age, had been repeatedly the subject of *paracentesis abdominis*, for ovarian or encysted dropsy, when fluid in increased quantities, and varying in quality in each operation, was drawn off. Her health declining, and her constitution resisting every effort to cure the disease, any proposition holding out the most remote hope was eagerly listened to. The trocar and canula were again introduced, the fluid drawn off, and the canula left with a plug inserted into its mouth. In a few days the plug was removed, and the accumulated fluid discharged, which operation was repeated for several successive times, after eight days' interval between each. These attempts proving fruitless, and no irritation being produced by the canula, diluted port-wine was injected in one instance, and a solution of sulphate of zinc in the other ; both of which merely produced a sensation of heat while they remained in the cavity. Many weeks elapsed after these operations, when the constitution gradually sinking, she expired. But the total extirpation of the

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au bout de laquelle elle étoit fortement attachée ;" and, in another place, " Ayant examiné le sac, nous passâmes aux parties qui étoient connues dans la capacité du ventre. Nous les trouvâmes toutes dans leur état naturel, excepté que la trompe gauche de la matrice étoit fort attachée au sac, et de la moitié plus longue que la droite."—*Memoires de l'Acad. Roy. des Sciences*, 1707.

* Chomel describes the case of a woman, who, in three days after her first accouchement, had the Lochia suppressed, and became tumified in the abdomen. On the 26th day, she found herself, as it were, inundated with a brownish-coloured fluid, of an offensive smell, which issued from the umbilicus that had burst. The quantity of fluid is estimated at from four to five French pints. Chomel probed the abdomen, and injected, " *Injections vulnéraires et détersives* par le nombril, deux ou trois fois par jour près de trois semaines après en avoir dilaté l'ouverture par l'eponge preparée." This woman recovered. It is presumptive that the fluid was encysted.—*Mem. de l'Academie Royale des Sciences*, 1728. Mead and Nebelius describe cases of ascitic women, wherein the abdomen burst, and discharged great quantities of water ; and yet the patients survived. In the Fifth Volume of the Edinburgh Medical Essays and Observations, there is detailed a remarkable case of a woman who had an extra-uterine conception. " At the end of eight months," says Dr. King, who relates it, " according to her reckoning, she felt extraordinary pain in the anterior part of her belly, and in a few days a small ulcer broke out below her navel ; in some days after, the elbow of a child appeared at this orifice ; she brought out the whole arm with her bodkin, and got it cut off, but continued in great misery some days longer, till a footman, her relation, had the courage to pull out the remaining body of the child." This woman is stated to have been alive seven years after her singular delivery. Another remarkable case, of a similar nature, is detailed in the Third Volume of the Second Decade of the Medical Commentaries, and also in the Second Volume of the Physical and Literary Essays and Observations. In this case, while the woman was attended by her midwife, her abdomen ruptured in the hypogastric and left iliac regions, at which aperture the child was expelled ; and in a little while after this the placenta was removed. This woman also recovered. Two cases are detailed by Bartholinus, in his work entitled, " *De Insolitis Partus Humani Viis*," in which the fetus made its way through the integuments of the abdomen, and both women recovered. A third case of a similar nature is recorded in " *Histoire de la Société Royale du Médecine*," 1776. A fourth is recorded in the " *Journal Encyclopedique*" for June 1777. A fifth in the " *Memoires de l'Academie Royale des Sciences*," 1702. A sixth is related by Primerose, " *De Mulierum Morbis*." A seventh in the " *Journal de Medecine*," tome 5. An eighth case is detailed by Jacob, and a ninth by Garthshore, in the Eighth Volume of the " *London Medical Journal*." A tenth is detailed by Bianchi, " *De Naturali in Humano Corpore Vitiosa Morbosaque Generatione*." An eleventh is recorded by Cyprianus, " *Foetus Humani Salva Matre ex tuba Excisi*."—Thus making in all thirteen cases.

ovarium, both in a healthy and diseased state, has been performed; and it is the design of this essay to consider the propriety of such an operation, with the view of obtaining a radical cure of dropsical ovarium. "On châtre," says Morand, "les femelles non seulement des volatiles, mais même des quadrupeds, sans danger. Cette operation appliquée aux femmes n'a point paru une chimère à Felix Platerus et à Diemerbroeck; c'etoit au rapport de Hesichius, une operation commune chez les Lydiens, pour des raisons qui ne sont point de l'art."* In other examples, also, the peritoneal cavity has been freely laid open, both accidentally and intentionally, and the intestines exposed to the contact of the air, without injury.† Paulus Barbette of Amsterdam laid open the abdomen, and disengaged the strangulated or twisted intestine in a case of volvulus. Bonetus relates the case of a lady who was dying of intususception, when a military surgeon opened the abdomen, disentangled the twisted intestine, and effected a cure. Schacht operated for the same peculiar disease with success. Besides these, there are many well authenticated cases of the Cæsarian operation being performed, even for six times on the same woman, with success; and of the uterus being extirpated per vaginam. In mostly all the cases of diseased ovaria on record, and in all the dissections of this disease which I have witnessed, the tumour was appended by a small pedicle, merely the broad ligament of the uterus. In this important fact I am supported by cases detailed by Meekren, Gahrliepius, Laubius, Littre, and Morgagni. The largest I ever saw, I have kept as a preparation; and although a great quantity of the gelatinous matter, and all the serous fluid, has been necessarily removed, it still weighs 25 lbs.

The practicability of extirpating a diseased ovarium has been proved by repeated experience. L'Aumonier, who was chief surgeon of the great hospital at Rouen about fifty

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* Diemerbroeck thus observes, "Felix Platerus, vir magni judicii putat ad exemplum castrationis brutorum, etiam mulieres castrari posse;" and, in another place, "Creophagi in Arabia, teste Alexandro ab Alexandro, non viris solum, verum etiam mulieribus testes exscindebant, ad exemplum Ægyptiorum, qui mulieres eodem modo castrari solebant. Athæneus refert Xanthum memoriæ prodidisse, quod Adramites, Lydorum Rex, fæminas castraret, quibus eunuchorum loco utebatur. Hesichius et Suidas ejusdem sceleris etiam accusant Gygem." "In Arabia," says Alexander ab Alexandro, "genus est Creophagos vocant, quibus nondum viri, sed mulieres Iudaice excindi solebant, sicut de Andramite Lydorum Rege, qui primus eunuchas fecit mulieres, sermo proditus est: quo exemplo in Ægypto aliquando mulieres excindebantur." "Λυδοὶ," dicit Athæneus, "δὲ εἰς τοσοῦτον ἦλθον τρυφῆς, ὡς καὶ πρῶτοι γυναῖκας εὐνουχίσαι." "εἶτα ὁ Ἀντιφίλα," dicit Strabo, "λιμην και ὑπερ τέτου Κρεωφάγοι, κολοβοὶ τας βαλάνας καὶ αἱ γυναῖκες Ἰεδαϊκῶς ἐκτετμημεναὶ." "Sic quidam," says Wierus, "nomine Joannes ab Essen, ab illustrissimo Clivensi duce, numerata certa pecunia, castrandi jumenta et pecora in Marchiem comitatu potestatem pro se solo impetrârat. Hic ubi quendam familiarius conjunctiusque sua frui filia animadverteret, ira incitatus, eam manu injecta evestigio in cubiculum abripit, violenterque uterum eidem, quemadmodum pecori solet, exsecat, conceptionique porro inidoneam sanat." Diemerbroeck styles this "*Altera castratio.*" De Graaf and Boerhaave mention this story of Wierus, and seem to put confidence in it.

† "One case has fallen under my observation," says Dr. Blundell, in his Physiological and Pathological Researches, "in which a fall from the top of a coach occasioned a transverse rent through the abdominal coverings, above the abdominal rings, on the right side, four fingers broad at the least. The intestines hung out. The man recovered in a few weeks. The intestines still protrude at this part, pushing the abdominal coverings before them, and forming a ventral hernia. The scar of the rent is still apparent. The man was under the care of Mr. Green, one of the surgeons of St. Thomas's Hospital." The sceptical as to recoverable or curable wounds of the abdomen, are particularly recommended to read this valuable work of Dr. Blundell's, wherein they will find a number of facts and cases, proving their simplicity and trifling danger.

years ago, extirpated the ovarium successfully; and since his time an ovarium has been frequently removed, and often with success, particularly in France, Germany, and America. Dr. Smith of Connecticut lately extirpated an ovarium in a dropsical state successfully. Mr. Pott extirpated first the one ovarium and then the other; but these appeared as tumours in the groins, resembling herniæ, so that he did not require to lay open the abdomen. Three very instructive cases occurred to Dr. Macdowal of Kentucky; and the following history of them was sent, about eight years ago, to my worthy preceptor, the late celebrated surgeon Mr. John Bell, who was then on the continent, and came into my hands as having the charge of his patients and professional correspondence during his absence.

"In December 1809, Dr. Macdowal was called to see Mrs. Crawford, who had for several months thought herself pregnant. She was afflicted with pains similar to labour pains, from which she could find no relief; and so strong was the presumption of her being in the last stage of pregnancy, that two physicians, who were consulted on her case, requested," says Dr. Macdowal, "my aid in delivering her. The abdomen was considerably enlarged, and had the appearance of pregnancy, though the inclination of the tumour was to one side, admitting of an easy removal to the other. Upon examination, I found nothing in the uterus; which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, or heard of success attending an operation such as this, I gave the unhappy woman information of her dangerous situation. She seemed willing to undergo an experiment; which I promised to perform, if she would come to Danville, the town where I resided, a distance of sixty miles. This seemed almost impracticable, by even the most favourable conveyance; yet she performed the journey in a few days on horseback. With the assistance," says Dr. Macdowal, "of my nephew and colleague, I commenced the operation, which was conducted in the following manner. Having placed her on a table of the ordinary height, on her back, and removed all her dress which might in any way impede the operation, I made an incision on the left side, about three inches distant from the *musculus rectus abdominis*, continuing it nine inches in length, parallel with the fibres of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumour on the horns of the saddle during the journey. The tumour then appeared full in view, but it was so large that we could not remove it entire. We put a strong ligature round the fallopian tube, near the uterus, then cut open the tumour, which was the ovarium and fimbrated parts of the fallopian tube very much enlarged. We took out fifteen pounds of a dirty gelatinous-looking substance; after which we cut through the fallopian tube, and extracted the sac, which weighed seven pounds and a half. We then turned her on her left side, so as to permit the blood to escape. After this we closed the external opening with the interrupted suture, leaving out, at the lower end of the incision, the ligature that surrounded the fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened

the healing of the incision. We then applied the usual dressing, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. As soon as the external opening was made, the intestines rushed out upon the table; and so completely was the abdomen filled by the tumour, that they could not be replaced during the operation, which lasted about twenty-five minutes. In five days I visited her, and, much to my astonishment, found her engaged in making up her bed. I enjoined her to take particular caution for the future; and in thirty-five days she returned home in good health, which she continues to enjoy."

"Since the above case," says Dr. Macdowal, "I was called to a Negro woman, who had a very painful hard tumour in the abdomen. I gave her mercury for three or four weeks, with some abatement of pain; but she was still unable to perform her usual duties. As the tumour was fixed and immoveable, I did not advise an operation; though, from the earnest solicitation of her master, and her own distressed condition, I agreed to the experiment. I placed her on a table, laid the abdomen open, as in the preceding case, inserted my hand, and found the ovaria very much enlarged, painful to the touch, and firmly adhering to the *vesica urinaria* and *fundus uteri*. To extract this, I thought, would be instantly fatal; but, by way of experiment, I plunged the scalpel into the diseased part, when the same gelatinous substance, as in the above case, with a profusion of blood, rushed to the external opening, which I conveyed off by placing my hand under the tumour, suffering the discharge to run over it. Notwithstanding my great care, a quart or more of blood escaped into the abdomen; and, after the hemorrhage ceased, I removed, as cleanly as possible, the blood, in which the bowels were completely enveloped. Though I considered the case as nearly hopeless, I advised the same dressings and the same regimen as in the above case. She has entirely recovered from all pain, and pursues her ordinary occupations."

In May 1816, "a Negro woman was brought to me," says Dr. Macdowal, "from a distance, in whom I found the ovaria much enlarged; and as the tumour could be easily removed from side to side, I advised the extraction of it. As the tumour adhered to the left side, I changed my place of opening to the linea alba. I began the incision, in company with my partner and colleague, Dr. Coffee, half an inch below the umbilicus, and extended it to within an inch of the os pubis. I then put a ligature round the fallopian tube, and endeavoured to turn out the tumour, but could not. I therefore extended the incision upwards two inches above the umbilicus, turned out a scirrhous ovarium weighing six pounds, and cut it off close to the ligature formerly put round the fallopian tube. I now closed the external opening, as in the former case, and as the patient complained of cold and chilliness, I put her to bed before dressing her, gave her a wine glassful of cherry brandy and thirty drops of laudanum, which soon restoring her accustomed warmth, she was dressed as usual. She was well in two weeks, though the

ligature could not be removed for five weeks, at the end of which time the cord was taken away; and she now officiates as cook to a large family, without complaint."

In the year 1821, I was requested by my friend Dr. Campbell, lecturer on midwifery, to visit a woman with an abdomen as large as if in the ninth month of gestation. On examination, the whole abdominal cavity appeared to be occupied with a tumour, which seemed to roll from side to side; the uterus *per vaginam* felt natural, and her catamenia had been regular, but caused excruciating pain when they occurred. She stated that she was twenty-seven years of age, had born only one child, and in twelve months afterwards had a miscarriage; two or three months after which, towards the end of 1815, she became sensible of a considerable enlargement of her belly, that began on the left side, and which she attributed to several blows and kicks received from a brutal husband, from whom she was now separated; that her neighbours now abused her, and made such complaints to her employers, that they dismissed her. At that time she earned, and still earns, her livelihood by binding shoes. Being now without the means of support, she applied to a neighbouring county hospital; but was in a few days dismissed, on the supposition of being with child. She then consulted a number of respectable practitioners, but all of them agreed as to her being pregnant. At the end of two years, she perceived a small moveable swelling in her left groin, which she allowed to increase for twelve months, when she came to Edinburgh, and, on consulting a surgeon, he opened it with a lancet, and discharged a large quantity of thin matter. On examination, this was found to be a lumbar abscess, which she ascribed to a fall on her back three years previously. The evacuation of this fluid did not in the least diminish the magnitude of the abdomen, and she imagined she could distinguish between the pain of the lumbar abscess and that of the tumour in the abdomen. She was admitted into the hospital of this place, and remained for thirteen weeks, without receiving any relief. She consulted the chief medical gentlemen of this city, many of whom pronounced her pregnant, and all of them tried to dissuade her from an operation. Two put her under different courses of mercury, and, after a consultation, one punctured the abdomen for dropsy of the ovarium.

Before having recourse to the operation of gastrotomy, I deemed it my duty to have the opinion of the principal practitioners of this city, either by personal consultation, or by sending the patient to them. The woman herself also had previously waited on many of them. Some said, that to operate would be rash; others, that I would kill my patient, by inducing peritoneal inflammation; but it was agreed by all, that there was a disease of one or both ovaries; and she had been twice tapped for dropsy of the left ovary, the result of a formal consultation of some of the ablest medical men of this city. Convinced, from the history of the disease in the records of medicine, and from gastrotomy having been successfully performed for volvulus, and for extraction of the fœtus in utero, that there was little to apprehend either from loss of blood or

peritoneal inflammation, I felt desirous to endeavour to relieve the woman by an operation; but was anxious to have the sanction of some other surgeon or physician, besides my friend Dr. Campbell, who at once offered to assist me. All whom I took to see the patient, and all to whom I sent her, said that the disease was an affection of the ovarium; but all of them condemned an operation. My patient, therefore, abandoned to her gloomy condition, called on me repeatedly, urging me to try the operation, otherwise she would do it herself. At last, as her pain became perfectly intolerable, and she was still urgent, I resolved to operate. During the preceding period I had directed my attention to the lumbar abscess, and applied caustic, eschar after eschar.

Wednesday, 24th October 1823, was the day appointed for the operation; therefore, on the day preceding, she took a dose of the compound powder of jalap, which operated also on Wednesday morning, so as to preclude the necessity of administering an enema; she also made water immediately before, in order to empty the bladder. I mention this, because the emptying of the rectum by a glyster, and the drawing off the urine, or taking care that the patient makes water, are circumstances of some consequence in all operations of the abdominal cavity; further, as inflammation appears to be induced generally by exposure to cold, and as these cases succeeded so well in America, I desired the room to be heated to 80° of Fahrenheit. When the temperature of the room had arrived at this heat, I placed the patient on a table, covered with a mattress, and two pillows supporting her head, and commenced the operation, in the presence of Dr. Campbell, Dr. Vallange, late surgeon of the 33d regiment, Mr. Bourchier, surgeon of the 36th regiment, and several other medical gentlemen, by making a longitudinal incision, parallel with, and on the left side of the linea alba, about two inches from the ensiform cartilage, to the crista of the os pubis, through the skin and cellular substance, when the peritoneum appeared, the recti muscles being separated by the distension consequent on the present disease and former pregnancy. I then made a small incision through the peritoneum, introduced a straight probe-pointed bistoury, and made a more extensive opening, into which I inserted the fore and middle fingers of the left hand, so as to direct the instrument, and to protect the viscera. With this instrument I made the internal to correspond with the external incision, while my friend Dr. Campbell, who assisted me, endeavoured, but in vain, to confine the intestines within the abdominal parietes. Apprehensive of peritoneal inflammation, of which many said my patient would die, I enveloped the intestines in a towel dipped in water about 98°. I now proceeded to examine the state of the tumour, when, to my astonishment, I could find none. I next requested Drs. Campbell, Vallange, and Bourchier, to satisfy themselves that there was no tumour, when Dr. Vallange observed that he felt a tumefaction on the left side of the pelvis. This, on investigation, was found to be a flattened tumour of no great magnitude at the left sacro-iliac-synchondrosis of the pelvis, lying beneath the division of the common iliac artery, into its external and internal branches. Having satisfied all present, that this was not the tumour which was anticipated,—that it was

impracticable to extirpate it,—and that the uterus and ovaria were perfectly sound and healthy, I proceeded to return the intestines, and to stitch up the wound, carrying the needle as deep as possible, and applying straps of adhesive plaster between the stitches. Compresses of lint were next laid along, and the nine-tailed bandage bound round the body. I then carried her to bed, and gave her an anodyne draught of forty drops of laudanum, which was almost immediately rejected. She was ordered warm toast-water and tea. I shall never forget the countenances of my pupils and the younger members of the profession, when the intestines protruded, and baffled all the efforts of Dr. Campbell and the other gentlemen to confine them. The diaphragm acted with great vigour and with powerful impetuosity.

The operation was performed at one o'clock of the afternoon, and by seven in the evening she had vomited twice; had flying pains in the abdomen, a little hurried breathing, pulse at 100, and some thirst; she also felt uneasiness from inability to void her urine, which was drawn off by the catheter; and, as a precaution, I bled her to syncope, which occurred when eleven ounces were abstracted. She lost little or no blood during the operation. An anodyne draught was given her, which was again vomited.

Thursday morning, she had little or no sleep, still flying pains about the abdomen, particularly in the wound, with hurried breathing, and the pulse at the same rate; the skin felt hot, and the tongue was white and a little crusted, so that I repeated the bleeding to syncope, which occurred when thirteen ounces were withdrawn. After the bleeding she felt easier, and by the evening these symptoms had disappeared: I ordered her five drops of the sedative solution of opium, which remained on the stomach, but produced no sleep: I allowed her only toast-water, tea, coffee, and gruels, warm. On Friday morning she felt much better; was pained only once in the hour or so; her breathing was natural, her pulse 90 and soft, her skin cool and soft, and her tongue white and moist. The bladder still required the employment of the catheter. The same low diet continued. At bed-time the sedative solution was increased to seven drops.

Saturday morning, had a tolerable night, and felt considerably better; felt, however, a little uneasiness in the wound, which had not troubled her since Thursday morning; her pulse was 85 and soft, the skin natural, and tongue cleaner. Felt a little appetite, and took some ground rice with sugar. This day I dressed the wound, and found the line of incision united from the one end nearly to the other; at the pubes there was a small portion everted; the adhesive straps were renewed, but the stitches were allowed to remain. She was allowed panada, rice-pudding, or oatmeal porridge. At eight in the evening, she felt acute pain in the right iliac region, darting upwards; her pulse was 108, full, and strong; the skin hot, and some thirst. I therefore bled her to fainting, which followed after sixteen ounces were abstracted. In an hour after, a domestic enema was administered, and, lastly, the sedative solution of opium. The enema operated well, and she fell asleep. Sunday morning, after a good night, she felt greatly better; no pain of wound or abdomen, no thirst, and her pulse 90 and soft, her skin cool, and tongue much cleaner. The wound was dressed, and two stitches withdrawn. She was able this

morning to make water naturally; in the evening she became uneasy, the enema was repeated, and the opiate omitted. Monday morning, had rested indifferently, and her pulse was 100, and feeble; skin rather hot, but tongue cleaner. Pressure on the abdomen gave no pain. The wound was dressed, and all the stitches were withdrawn. An enema of castor-oil was administered. Desired to have the oatmeal gruel acidulated with the supertartrate of potass. At 3 P. M. the enema had not operated, so that she was ordered two drachms of supertartrate of potass, mixed with treacle, every two hours, till it should operate. By 8 P. M. the enema had operated, and brought away some feces, which gave her great relief. The pulse was 112, her skin and tongue natural, and quite free from pain. The supertartrate of potass continued. Tuesday morning, although she had slept well, and the physic had operated twice in the morning, the tongue and skin natural, and was perfectly free from pain, yet the pulse was still 112. The wound dressed; little or no discharge, and chiefly from the everted edge at the pubes. Ordered veal-broth for dinner. Wednesday, eight days from the operation, had slept soundly; was free from pain; tongue and skin natural, and pulse down to 96, and soft. Ordered veal or chicken broth. She continued daily to recover from this day till Sunday, when, although the bowels had been carefully attended to, both by laxatives and enemata, yet they felt so distended as to excite much uneasiness and irritation. An enema was administered in the morning, and she took five grains of calomel, and in two hours after, half an ounce of the phosphate of soda; both of which producing no effect, the latter was repeated after two hours had elapsed. In the evening another enema was administered, which, as in the morning, brought away a considerable quantity of feces, but without relief. Two aloetic pills were therefore given every three hours, till six were swallowed, when no motion having been produced, a drop of the oil of croton was given, which in half an hour excited vomiting. One cathartic enema after another was given, till a profuse quantity of feculent matter was discharged, and then she felt relieved. From this day she gradually recovered, without any untoward symptom; got out of bed on Wednesday, fourteen days after the operation, and went to the country on Saturday the 16th of October. She now lives in town, earning her livelihood, as formerly, by binding shoes, but is often severely tortured with pain.

The reason why all of us were deceived in this woman's case, was, the great obesity and distended fulness of the intestines, together with some protrusion pubic of the spine at the lumbar vertebræ. This did not appear at all conspicuous before operating, otherwise it should and must have struck some of the medical gentlemen who examined her; nor did it occur to myself during the operation, nor until some time after, when I could find no just cause for being so singularly deceived.

Janet I——, aged 36, an unmarried woman, of middle stature, well shaped, of a sallow complexion, and possessing considerable muscular strength, is affected with an enlargement of the abdomen, so as to resemble a woman in the 8th month of pregnancy. On examination of the abdomen, it appears to be distended with fluid, and a large hard

tumour, which feels as if it were the uterus having a fetus of the 7th month, or an extra-uterine conception; for in one place, the tumour is round like the head of a fetus, while in another place, you imagine you can distinguish an elbow or knee-joint. This mass can be rolled from one side of the abdomen to the other, floating in the fluid. On examination per vaginam, the os uteri can be felt indistinctly, and nearer the meatus urinarius than in the natural state; and beyond this, a tumour is felt like the head of a fetus in the pelvis, and incapable of being moved. Per rectum, this round tumour is still more distinctly felt. She complains of pain in the lumbar and sacral regions, and considerable oppression of breathing. On consulting with Dr. Campbell, Lecturer on Midwifery, and Mr. Kennedy, Surgeon of this city, who called me in to see this patient, we were of opinion, from the tumour in the pelvis being so immoveable, that no operation was advisable, excepting the performing paracentesis abdominis for the removal of the ascites. When our opinion was communicated to the patient, she seemed much dejected, having learned that I had operated previously with success for the same disease. The history of Janet I———'s case is as follows:—

About six years ago, after exposure to cold during the night, she was seized with excruciating pain in the back, accompanied with violent vomiting, both of which continued more or less severe for nearly six days; the pain being sometimes so severe, as to compel her to roll on the ground writhing in agony. At this time, she first perceived, in the right iliac region, a tumour about the size of her fist, quite immoveable, but which, as it progressively enlarged, has become more and more moveable. Since the commencement, she has been generally, for a day or two every month, tormented with pain in the lumbar and sacral regions; and she imagines, that she has been troubled with the dropsy more or less from the beginning. The catamenia have occurred regularly, have been scanty and light coloured, and have never increased the pain. Her bowels have been throughout very constipated. She has undergone two courses of mercury, and repeated courses of diuretic medicines; but all to no purpose. Of all the diuretics, the supertartrate of potass has had greatest effect in removing the ascites; but the tumour then only appeared more evident. During this period of six years, she has been cook to a large family, until last November.

This woman, miserable herself, and a burden to her poor relations, implored Mr. Kennedy to urge me to remove one of the tumours, in order to try the effect of it. I therefore visited her again, and from her entreaties resolved to operate, and if the tumour in the pelvis should prove to be the uterus in a diseased condition, even to remove it.

The day before the operation, she had a smart dose of the compound powder of jalap, which operated briskly. This day, Sunday, the 27th of February 1825, at 1 o'clock P. M. I began the operation, the patient being placed on her back, on a table covered with blankets, and the temperature of the room heated to 75° of Fahrenheit. The external incision having extended through the skin and adipose substance, from the ensiform cartilage to the symphysis pubis, a little on the left of the linea alba, I cautiously cut through the muscles and the peritoneum, near the umbilicus, making a small aperture into

the latter, when the serous fluid flowed freely out, which was also collected by means of saucers and sponges: as the fluid ceased to flow, the wound was enlarged downwards. The whole measured about a gallon and a half. The wound was then enlarged upwards to the sternum, making that in the peritoneum correspond with the wound in the integuments; when the tumour appeared occupying the greater portion of the abdomen, and resembled the uterus in the eighth or ninth month of gestation, as represented in Plate I. I now laid hold of the tumour, brought it beyond the parietes of the abdomen, and gave it into the hands of my assistant, Mr. Macrae, as its weight threatened to drag the uterus; I then passed my fingers around the pedicle, which appeared the broad ligament of the uterus, soft, flaccid, and healthy, and about an inch and a half in length, the fundus uteri being elevated about an inch above, or atlantad to, the crista pubis. A ligature, composed of two strong threads waxed, was next passed round this pedicle, and tied intermediate between the fundus uteri and the tumour, transfixing the pedicle between the noose of the ligature and the tumour, to prevent the noose slipping off. Lastly, I cut across the pedicle close to the tumour. During the progress of the operation, she complained of pain in the lumbar and sacral regions, which appeared to arise from the dragging of the tumour—a circumstance scarcely possible to be avoided, with all our care. My next object was to ascertain the condition of the uterus, as I was prepared to remove it had it been diseased; the uterus, however, was perfectly soft, and only a little enlarged. The other ovary was increased to nearly the size of the fourth part of the one removed, and was adhering on the right side to the parietes of the pelvis, and to the uterus, but comparatively free on the left side. While examining this, the gentlemen around me begged me to desist, in which I concurred, conceiving, that as the uterus was elevated above the brim of the pelvis, and the ovary not tied down by adhesions to the bottom of the pelvis, there might be hopes of its rising after the other had been detached, and that it might be extirpated afterwards. I now proceeded to bring the edges of the wound in apposition, by the employment of ligatures and adhesive straps; of the former there were seven, and of the latter nine, the wound itself being twelve inches. I regret that I employed so few ligatures, for in wounds of the abdomen they are particularly useful, to prevent any protrusion of the viscera, and to give support in all the motions of the abdomen during the cure. When the ligatures and adhesive straps had been applied, and the ligature encircling the pedicle carefully left out, compresses of lint and linen were put on, and the abdomen encircled with a shawl, as a binder employed after accouchement. This I found in the former case much more serviceable than a nine or twenty-tailed bandage, or stays, or any other fashionable dress. The thermometer in the room had by this time risen to 80°. I now laid my patient carefully in bed on her back, and considering that I had, to my own, as well as the satisfaction of all present, taken precautions against every risk of hemorrhage, I left her to the care of her sister-in-law, with strict injunctions to keep her quiet, and to let her have only plain or toast-water. Apprehensive, therefore, only of inflammation, I requested

an intelligent pupil, Mr. Milroy, surgeon, to call every two hours, and on the least appearance of a rise in the pulse, or increase of pain, to abstract blood to fainting.

The operation was finished about one o'clock; my pupil, Mr. Milroy, called between two and three o'clock, and found her sleeping, and doing well; I called myself within a few minutes to four o'clock, and met one of her relations on his way for me, as she was dying from loss of blood. I found the binder, dressings, and a considerable space of the sheets, drenched with blood, my patient scarcely able to articulate, her voice hardly audible, her face cold, and covered with clammy sweat, and the hands and feet equally cold, with no pulse at the wrists, and the arteries even of the temples scarcely perceptible; I instantly removed the dressings, cut the four lower or pubic stitches, separated the lips of the wound, removed several coagula of blood, traced the ligature to its source, found it firm and fast, and saw no oozing vessel, after repeated sponging; I therefore desisted, renewed the stitches and adhesive straps, and bound all up again. I appointed assistants to sit by her, with injunctions to examine the wound frequently, and to watch the pulse; the hands and feet were clothed with worsted stockings, and hot dressing-irons applied, being previously surrounded with flannel. She remained low and exhausted, vomiting from time to time during the remainder of the evening, but began to gain strength about midnight, and turned on her right side, when she was relieved from the vomiting, and enjoyed some sleep.

On Monday morning, she was very restless, complaining of pain in the lumbar and sacral regions, and feeling very thirsty; her pulse was so small and quick as hardly to be counted; her skin soft, and becoming warmer; her tongue a little furred and parched; there was no appearance of hemorrhage, but the binder and dressings were tinged with serous exudation coloured with blood, apparently the dropsical fluid. The urine was drawn off by the catheter. Low diet and rest enjoined. At mid-day the symptoms were improving, the pulse becoming fuller; but she felt considerable pain from flatus in the bowels, which was not increased on full inspiration, or felt on pressure. Ordered essence of peppermint. About five in the afternoon, the pulse could be counted at the wrist, and beat 120 pulsations. In the evening she became very fatigued and thirsty, and complained more of the pain from flatus, the pain darting throughout the abdomen; but she had no pain on pressure, or taking a full inspiration. The skin was warmer, but the left arm and leg felt still cool; the pulse 127, and small; the tongue furred and parched. Urine drawn off, and the same injunctions repeated, with the administration of the peppermint. At midnight these flatulent pains were excruciating, and were relieved by the insertion of a glyster-pipe into the rectum, which allowed the escape of flatus. The other symptoms and appearances were nearly the same as in the evening. From this period, she slept at intervals during the morning, but, when awake, was excessively thirsty, which, when relieved with drink, immediately produced vomiting. She was less tormented with flatus, having been able to expel it from time to time; and she made urine naturally about six o'clock, to the quantity of ten ounces, which was

very high coloured. The pulse varied from 120 to 136 during the night; and the bloody serous discharge continued to moisten the binder and other dressings.

Tuesday morning, 1st March.—After passing a very restless night, she complained of great pain of the abdomen, in consequence of flatus, on the expulsion of which she was immediately relieved; pain was not felt on pressure, or increased by drawing a full inspiration: she complained also of excessive thirst, which, when quenched with water, plain or toast, was generally rejected. Skin comfortably warm; pulse 130, soft, and not very weak; tongue furred. In the course of the forenoon, she had a severe fit of coughing, which produced great pain in the abdomen, and caused a bloody discharge from the wound; but on examination, it was found to be deep coloured serum: it produced no faintness, or any difference in the pulse. Slept at intervals during the day, and lay tolerably quiet.

Wednesday.—Had passed a good night, and seemed much better. Pulse 130; skin warm and soft; tongue still furred. Allowed tea, coffee, gruels, and panada.

Thursday.—Slept soundly at intervals, and the symptoms much alleviated; was, however, occasionally very restless during the night; pulse 126, fuller and stronger; skin warm and soft; tongue cleaner. The serous discharge continued profuse. On looking at the upper part of the wound, it appeared united, and no suppuration; all was therefore left alone.

Friday, 4th March.—Had passed a good night, and in the morning had a laxative enema administered, which operated well, and gave her great relief. Felt easy, and much less thirst. Skin warm and soft; pulse 126, stronger, fuller, and softer; tongue cleaner. The wound was dressed, by changing the adhesive straps and lint: it looked extremely well, being united from the one end to the other, with no inflammatory appearance; and the abdomen was soft and flaccid. She found, whenever she turned on her back, however favourable this position was to the adhesion of the wound, that she instantly vomited; she was therefore allowed to remain entirely on her side, and the right she found to be the easier.

Saturday.—Had a good night's rest. Pulse 120, and the other symptoms as yesterday. The serous discharge much diminished, and the wound looked well. Ordered half an ounce of castor-oil.

Sunday.—Physic operated gently, producing two copious evacuations. Passed a good night, and felt much better. Symptoms and wound as on the preceding day.

Monday, 7th March.—Had passed a sound night, and was so well as to be allowed an egg for breakfast, and beef-tea for dinner. This kind of diet was given in the hopes of tending to check the flatulence, which occasionally produced excruciating pain. Ordered a domestic enema every morning before breakfast.

Tuesday.—She continued to improve, and for the first time I pulled the ligature surrounding the pedicle, at first gently, and afterwards strongly, without giving her the least pain. The wound continued to granulate in some places, and a profuse discharge,

partly purulent, issued from where the ligature emerged. Skin cool and soft; tongue clean and moist, but the pulse 132.

Wednesday.—Still tortured with flatulent pains, although the bowels were kept gently open with the domestic enema, and every kind of diet that could produce it was forbidden. Had her bed made last night, having been supported in two of her brothers' arms, in the horizontal posture, for a few minutes. Ordered essence of peppermint, with a small dose of the Oleum Ricini; and, after its operation, ten drops of the Tinctura Opii Ammoniati, together with ten of the peppermint, every two or three hours, till relieved, and warm dressing-irons to be applied to each side of the abdomen. A drachm was taken before perfect relief was obtained. When dressing the wound, I pulled the ligature strongly, without giving any pain. Pulse 130, but evidently that of debility, being soft and compressible.

Thursday and Friday.—She continued to be tormented with flatulence, which tumified the abdomen considerably, and was only alleviated for a short period by the tinctura opii ammoniati and peppermint. Wound looked well; one of the stitches had ulcerated away; discharge partly purulent, and still copious; pulse 115; tongue clean; appetite good. Ordered beef-steaks for dinner.

Sunday, 13th.—Continued daily better. The wound improving, the discharge moderating, and one or more of the stitches daily coming away. She was allowed, in addition to the beef-steaks or roasted mutton, a glass of port-wine.

Thursday, 31st March.—The wound now united and firm, there being only a small aperture for the ligature surrounding the pedicle, which had not come away, and the discharge trifling and purulent: I allowed her to sit up in bed, having previously put on an outer binder. The second day after last report, the wine having agreed well with her, she was allowed two glasses in the day.

Monday, 9th May.—Since last report she has been daily mending, getting every day out of bed, and walking about the house, with the exception of pain and irritation, which occurred three weeks ago, in consequence of pulling the ligature too strongly. So great a degree of pain was excited, that I was obliged to apply leeches and fomentations to the abdomen. She is now able again to get out of bed, and to have nourishing diet. The ligature still remains, in consequence, I imagine, of having transfixed the pedicle: it excites a little purulent discharge.

DESCRIPTION OF THE PLATES.

In Plate I. the tumour, marked with the letters N, is represented in its situation, immediately after the incisions have been made through the abdominal parietes, marked with the letters *e*. The letters D indicate the vesicular or hydatid portion of

the tumour, and the letters N the body of it, which is firm and cartilaginous. K denotes the fundus of the uterus, which organ was raised above the crista of the os pubis by the tumours. The letters P are placed on the intestines, which were pushed atlantad and dorsad, or upwards and backwards. The letter *a* indicates the peritoneum; and U, the umbilicus.

Plate II. is a lateral view of the tumour of its natural size, the letters D pointing to the same vesicular or hydatid structure, as in Plate I. The letter C points out the fimbriated portion of the fallopian tube, which surrounded and adhered to the tumour.

Plate III. may be said to be a basilar view of the tumour, in order to shew the attachment of the pedicle. The same letters indicate the same points as in the preceding Plates. The letter B is placed on the fallopian tube, which is observed embracing the tumour, and is truncated, as represented by the letters A, which constituted the pedicle; this surface is much broader than it was at first, in consequence of the pedicle, or fallopian tube and broad ligament which formed it, being cut close to the tumour, and hence retracting.

Plate IV. represents a section of the tumour; the letter N, indicating a small portion of its outer surface. The letters W, denote the walls of two large cysts, divided by the septum S, which parietes are of a strong membrano-cartilaginous structure, studded internally with granulated cartilaginous bodies, marked G, as distinctly seen on one side of the septum S, and still more evidently, exterior to these cysts, where they are larger, and also marked with the letters G. Within these cysts or sacs, is represented a brownish-coloured fluid marked H, H, which was of the *melliceris* nature. The letters F are placed on the section of the firm cartilaginous structure, which appears scirrhous: the letters G, which are contiguous, being placed on the larger series of granulated cartilaginous bodies.

Dr. Young names this species of diseased ovarium, 'Ecphyma physconia ab ovario;' Mr. Abernethy styles it, 'Cystic sarcoma;' and Dr. Mason Good terms it, 'Emphyma cellulosum, or cystose tumour.' Mr. Abernethy considers, that the firm or sarcomatous part of an ovary, affords a good specimen of the structure of the cystic sarcoma.

Plate V. In this, we have a view of the external surface of the abdomen after the wound is healed, but the ligature had not come away by the 9th of May. The letters Z, indicate the line of cicatrix; the letters *y*, transverse lines made by ulceration of the ligatures, these having been allowed to ulcerate away, in order to afford strength during the healing of the wound: *x*, points out the ligature which noozed the pedicle; and U, the umbilicus.

Isabella C———, aged twenty-five, of a spare habit of body, and sallow complexion, was confined to bed on the 13th March, when I saw her, labouring under cholera, and so weak, that I did not expect she could recover. On feeling the abdomen, there

was a large hard tumour making the cavity appear as if she was in the sixth or seventh month of gestation. She had taken a dose of castor oil and an opiate, at the recommendation of Mr. Christie, Surgeon, who called me in. As I despaired of being able to do any thing, in consequence of the debility and febrile condition, I took my leave; and was astonished to learn in a few days that she was sitting up. When I again called, I found her at the fire-side, cheerful, and having more strength than any one could have anticipated; she begged that I would do something for her, as she was a burden to herself and family. On a consultation with Dr. Campbell and Mr. Christie, I resolved on operating on Tuesday 22d March.

The history of this woman's case is as follows:—While cook to a family in the North, she was, one night in January 1824, awoke with a violent burning pain in her right side, which continued severe till the following evening, although she used laudanum both internally and externally to a considerable extent. In March following, being suddenly attacked in a similar manner one forenoon while at work, the same remedy, conjoined with fomentations and a bandage to the part, and bathing of the feet, was employed. The pain continued till next day, when she felt her belly somewhat swollen. She had a third attack in May, and a fourth in July, both somewhat similar, only accompanied with vomiting; and after the last, a tumour was felt perceptibly in the abdomen. She came to Edinburgh in May, and on consulting several medical gentlemen, they told her she was with child. She was now a cook in one of the hotels, where she continued till November last, although she was generally once a month, when the catamenial discharge was present, obliged to desist in consequence of these attacks, which became more and more like one of cholera, or common colic. The tumour daily increased; and she remarked, that it was commonly smaller in the morning than in the evening. Her appetite, excepting on these occasions, was good, and her spirits cheerful, in spite of all the taunts of both professional and unprofessional people. In this way she went on till the 13th of March, at which time she was labouring under one of these attacks. Her catamenia had been regular until within the last three months, when they became scanty, and of a paler colour than usual.

On Tuesday the 22d March 1825, between one and two o'clock, the room having been previously heated to 75° of Fahrenheit, I commenced the operation, by making an incision through the skin and adipose substance, from the sternum to the symphysis pubis; then through the muscles and peritoneum, near the sternum, so as to get at once into the abdominal cavity; but the tumour approached so near the sternum, that I could not accomplish this, so that I cut through the tendons of the external oblique, internal oblique, and rectus muscles, imagining I had got to the surface of the tumour, and was proceeding to separate the parietes from the tumour, when I observed my mistake. I accordingly deepened the incision through the posterior tendinous layer of the internal oblique and transversalis muscles, and arrived at the sac of the tumour; I then began to insulate the tumour, which was found adhering so strongly to the parietes of the abdomen, to the colon, and to the brim of the pelvis,

that I despaired of being able to detach it; however, by dissecting at one time, and tearing cautiously with the fingers at another, I succeeded in insulating a large mass of a dark-brown colour, weighing upwards of seven pounds, and, to my delight, having a pedicle only the thickness of the little finger, and between one and two inches in length. I now gave this enormous mass to my assistant, Mr. Macrae, passed a ligature round the pedicle, and tied it firmly, and then cut close to the tumour; securing three open-mouthed vessels of the pedicle. During this period, which occupied, I understand, about ten minutes, my friend, Dr. Poole, kept the omentum and intestines enveloped in a towel dipt in water, at 96°. I now stitched up the wound, carefully avoiding the intestines and omentum, applied straps of adhesive plaster, compresses of lint and linen, and around the body a shawl like a binder after accouchement; and, lastly, carried my patient to bed. Ordered toast-water, and enjoined quietness.

At 2 o'clock P. M. she was extremely restless, and complained of great pain in the wound, and the pulse was 80, full and strong. At 3 o'clock, felt very uneasy, and still complained of the pain in the wound, and also in the back; and the pulse was increased to 90, and full. At 4 P. M., the pain of both wound and back was much abated, but the pulse was 104, and still very full and strong. At half-past 5 P. M., she complained only of the pain in the wound, and felt none when either side of the abdomen was pressed; the pulse 108, the skin cool and soft, and the tongue clean. At 8 P. M. she was very restless, and complained of the pain both in the wound and the back; and had some thirst; the tongue rather dry, and other symptoms as at last report. At 9 P.M., complained of pain in the bowels, which was increased on drinking: at 12 o'clock, she had slept from time to time since last report, but still complained of the pain in the abdomen; the pulse 100. At 1 o'clock A. M. of the following morning she was very restless, and complained of great pain and thirst; but these symptoms soon moderated, and she fell asleep. At 2 o'clock, she complained more of the pain in her back, which she attributed to the bandage; and the pulse was 86. From this till 5 o'clock she slept at intervals, soundly for half an hour, but complained and moaned occasionally while awake; pulse 70, and soft. At half-past 7, the pulse had risen to 87, but soft; at 9, to 96, soft and regular. Half-past 9, complained of soreness in the lumbar and left ilio-lumbar regions; pulse 100, and full. At 10 o'clock, the pulse rose to 104, and she was bled to 14 ounces, which produced syncope, and the pulse fell to 84. Her urine was drawn off to the extent of 18 ounces, of a natural colour. At 2 o'clock, had enjoyed some sleep at intervals, and been teased with eructations and vomiting, and felt still considerable pain; the pulse had risen to 124, regular and strong; she had more thirst, and her breathing a little laborious. Twelve ounces more of blood were abstracted, which produced syncope, and afforded her some relief; the pulse fell, and became soft. At 8 o'clock P. M. had slept soundly occasionally, and with refreshment, and felt less pain; had none when either side of the abdomen was pressed on, or when taking a full inspiration; had no rigors or headach; her countenance was tranquil; the pulse 140, and regular, the skin cool, and

the tongue clean. Urine drawn off to the extent of six ounces, of a natural colour. Toast-water continued.

Thursday, 8 o'clock A.M.—Had passed a tolerable night, having slept at intervals; but on awaking, she was troubled with eructations and occasionally vomiting, and felt considerable pain in her right side; and had been a good deal troubled with thirst. The pulse had varied from 124 to 148, and sometimes intermitted. At present she felt no pain, but great inclination to vomit, which, when it occurred, produced pain; her breathing was quick and laborious; and her pulse 148, feeble, and fluttering. The urine was drawn off to the amount of four ounces. Ordered ten drops of the aromatic diluted sulphuric acid, with five of laudanum, every two hours.

12 o'clock.—Felt no easier, the vomiting continuing; the pulse 165, feeble and fluttering; the tongue foul, dry, and painful; the skin cold, and the countenance pale and haggard. Ordered a tea-spoonful of brandy, in a table-spoonful of beef-tea, every quarter of an hour, continuing the aromatic sulphuric acid and laudanum. The symptoms increased in severity till 3 o'clock, when the pulse could not be counted, and the respiration became hurried and laborious. From this time, she continued gradually to sink, and expired at 7 o'clock.

DISSECTION.

On cutting the stitches of the wound, it was found adhering in some points, particularly at the upper or sternal part; at the lower part, a little serum and purulent matter issued out; and, on reflecting back the parietes of the abdomen, the omentum and intestines were found adhering to the neighbourhood of the wound. The peritoneum investing the parietes, which adhered to the tumour, and also those portions of this membrane investing the colon and small intestines which adhered to the tumour, were of a bluish black appearance, and tore with ease under the fingers, being evidently gangrenous. Small patches of inflammation were observable in other parts of the intestines, particularly the colon. In the pelvic cavity, there were a few ounces of serous fluid, with flakes of coagulable lymph floating in it. The pedicle was then seen to be the broad ligament of the uterus, and the uterus itself was found perfectly healthy; the other ovarium was of its natural size, had a coating of coagulable lymph, but was tolerably firm when bisected; the fallopian tube was turgid and red in the colour.

From the above appearances, and the symptoms after the operation, I am of opinion that blood-letting should have been had recourse to on the evening of the day of the operation; but this probably would not have saved her, for such contusion was inflicted, that the stamina of life were apparently not capable to stand such a shock, and repair the evil. Her emaciated frame and enfeebled constitution deterred us from acting with the same promptitude and vigour, as in the other cases. I remember

attending, along with my friend Dr. Campbell, a female, who in the 9th month of gestation was kicked so severely in the belly, that she aborted, and in whom bleeding was pursued to its utmost, immediately after the receipt of the injury; but the patient died, and on dissection, the recti muscles were extensively ecchymosed. In every case of this operation, bleeding should be performed whenever the pulse rallies after the operation, and repeated again and again, as may appear prudent or necessary. The scalpel alone should have been employed in separating the adhesions. There ought to be no laceration with the fingers.

Magdalene B———, an unmarried woman, aged thirty-four, about six years ago, while serving as cook to a family, observed a tumour about the size of a hen's egg, in the hypogastric and right iliac regions, which occasioned no pain, until about six months afterwards, when she received a severe fall while carrying a large basket. The pain at this period was so severe, and the tumour increased so rapidly, that she went into the Infirmary of this place, where, after remaining for some time, she was dismissed as incurable. After this she was recommended by a practitioner in town to apply leeches and chamomile poultices, and to undergo a course of mercury, all of which were put in practice, and so far relieved her, that she was able in three months to return to service, where she remained about half a year; when becoming alarmed from the rapidity of the increase of the tumour, which was now accompanied with occasional suppression of urine, and irregularity of the catamenia, she was compelled to leave her service. She applied to several medical gentlemen, who prescribed various remedies, until calling on that scientific physician Dr. Poole, who thought there was some prospect of affording her relief by operation. The first time I saw her, the abdomen was fully larger than that of a woman in the ninth month of gestation, and felt hard and firm, so that I considered the tumour, from its immobility, to be strongly adhering to the parietes of the abdomen; and hence that it was an unfavourable case for operation. Her health, however, was good, she had considerable muscular strength, had a healthy countenance, a good pulse, regular bowels, but the catamenia stopt; and having entreated earnestly that something might be done, as she felt herself becoming daily less able to assist herself or her family, the 24th of April was fixed for the day of operation. On the day preceding she took a cathartic.

The day was remarkably cold for the season, for although a large fire had been put on by seven in the morning, the thermometer had arisen only to 66° by one o'clock. When the heat of the room had risen to 70° of Fahrenheit, which was between one and two o'clock, a longitudinal incision was made through the integuments, from the sternum to the pubes: at the sternal extremity the peritoneum was wounded, and one finger of the left hand was here introduced, then another, and the peritoneum laid open to the pubes: the same was then done upwards to the sternum, when a multiplicity of convoluted vessels presented themselves of various magnitude, from the thickness of a finger to that of a crow's quill. At first I thought them the intestines, for they appeared

extremely fleshy; then I imagined them the blood-vessels of a placenta, which they still more resembled; indeed, such was their resemblance to the vessels of that organ, that the same idea struck one and all of the gentlemen present. On minute examination, however, they were found to be the blood-vessels of the omentum majus, enormously enlarged, running on the surface, and into the substance of the tumour, which appeared an enlarged ovarium. Finding that it was impracticable either to dissect these vessels from the surface of the tumour, or to secure them, in consequence of their great number, I abandoned the idea of extirpating the mass, in which decision I was supported by the gentlemen present; I therefore punctured with a large trocar and canula the centre of the tumour, but nothing flowed; I next made a small but deep incision with a scalpel, when the tumour appeared solid and cartilaginous, and a vessel bled a little: I lastly punctured the lower part of the tumour, being anxious to reduce its bulk, but only pure blood flowed. The lips of the wound were now approximated and stitched; adhesive straps applied, compresses of lint and linen, with a shawl as a binder, and the patient carried to bed. This operation was performed in the presence of James Dease, Esq. Surgeon to the forces; Drs. Poole, Campbell, and Millar; Messrs James Scott, George White, and many other surgeons and students. Allowed only toast-water for either drink or food.

At 3 o'clock, an hour and a half after the operation, the pulse was 64 and soft, and she had been much troubled with flatus. Twenty ounces of blood were taken from the arm, from prudential motives. At half-past 5 P. M. she complained of pain at the epigastric region, and was very restless; the pulse 72, and somewhat hard. At half-past 7, she had made water naturally, and of a healthy colour; the pain was the same, and the pulse 86, full and hard, so that the bleeding was repeated to thirty-five ounces; after which she was ordered three grains of opium. Toast-water continued. At half-past 8 P. M., she complained of a burning pain at the epigastric region, and was occasionally troubled with flatus, which caused considerable pain in the wound; but otherwise disposed to sleep, and the pulse 80, soft and languid. Half-past 9, pulse 89, and somewhat stronger; the pain at epigastrium much abated, but an oppressive load felt in that region. At 10 o'clock, pulse 97, and strong. A quarter past 10, had been asleep for about ten minutes; the pulse 94, and not quite so strong; she felt a burning pain and heat all over the abdomen: 11 o'clock, had slept for twenty minutes, pulse 88, and softer: 12 o'clock, she was restless, and had considerable thirst; pulse 98, and soft; took two grains more of opium, after which she slept for about fifteen minutes, and when she awoke, the pulse was 100; fell asleep again, and continued so for twenty minutes. At 2 A. M. she still felt pain on any eructation, but none on taking a full inspiration, or on pressing either side of the abdomen; the thirst urgent, the skin and tongue soft and natural, and the pulse 100; took two grains more of opium: 3 A. M. she had slept for fifteen minutes at a time during the last hour, and was less troubled with pain and eructations; her thirst still considerable, and the pulse 100: 4 A. M. continued sleeping from time to time; felt some headach, and less pain in the abdomen; but troubled

with both flatus and coughing; pulse 100: 5 A. M., precisely as at last report, only less headach: 6 A. M., awakened after enjoying an hour's sleep, and felt much refreshed: 7 A. M., had slept at intervals during the last hour; pulse 96, and full.

Monday, 9 A. M.—Had slept occasionally since 7; felt oppression at epigastric region, and some tension of the abdomen; was still troubled with eructations, and vomited a little; pulse 96, full and strong; respiration a little laborious; skin a little warm, and tongue parched; urine drawn off to 16 ounces, and rather dark coloured; bled to 36 ounces, after which she felt much relieved; the pulse became soft and feeble, but rose to 118; and, by 11 o'clock, after enjoying a little refreshing sleep, she was entirely relieved of pain or oppression, and the pulse was 84 and soft, and the skin and tongue natural. At 4 P. M., had slept soundly at intervals since 11 o'clock, during which she had been troubled with eructations; began now to be a little restless and thirsty; pulse 107, and soft: 8 o'clock P. M., she had slept more or less since 6 o'clock, and complained of pain in the hypogastric region; the pulse 108, soft and full, the skin moist, and the tongue natural; 20 ounces more of blood were taken from the arm, which removed the pain. The blood formerly abstracted exhibited no marks of increased action or absorption, viz. buffy coat or cupping; after this last bleeding she took two grains of opium.

Tuesday, 26th, 9 A. M.—After the bleeding last evening she fell sound asleep, and continued so for an hour, when some noise was accidentally made in the adjoining room, which awoke her, and she continued restless and somewhat frightened during the rest of the night. She observed, that the opium went to her head. Her skin and tongue were natural, and the pulse 108, soft and feeble. Felt pain when teased with flatus or coughing, but none on drawing a deep inspiration. Urine drawn off to the extent of 8 ounces, of a natural colour. Cont. ut heri. At 8 P. M. had slept at intervals during the day, and continued as in the morning; pulse 115, soft, and not so feeble. Urine drawn off, of a natural colour, to the extent of 10 ounces. Sumat Gum. Opii, gr. iij.

Wednesday, 27th.—Had passed a good night, and said she felt much better; pulse 112, and soft; skin and tongue natural. Had made water naturally during the night. Cont. ut antea. Rept. Opium ad gr. ij.

Thursday, 28th.—The opium taken at bed-time not having produced sleep by 11 o'clock P. M., she took other two grains, but still no sleep was produced; on the contrary, she continued restless, and vomited twice. No pain in the abdomen; pulse 100, and soft; skin and tongue natural. Ordered first a domestic enema, which operated well, and then coffee and toast-bread. At 8 P. M. did not reject the coffee, and slept at intervals soundly during the day.

Friday, 29th.—Passed another indifferent night, but felt much better, being only troubled a little with cough. Had a domestic enema in the morning, which operated well; pulse 96 and soft; other appearances natural. Wound examined, and found adhering throughout; there was so little moisture, that the straps were allowed to remain. Appl.

Ung. simpl. To have panada, coffee, tea, gruel, and bread, for diet. Capiat gum: opii gr. ij. hora somni.

Saturday, 30th.—Slept very indifferently, which she attributes to the disturbance occasioned by the nurse who attended her labouring under a cough. Felt herself, however, easy, but still teased with her own cough. Pulse 100, and soft. Had a domestic enema in the morning, which operated well. Wound examined, and found so dry, that the lint only was changed. Cont. ut heri, sine opio. Ordered half an ounce of castor oil at bed-time.

Sunday, May 1st.—Rested well last night, and the castor oil operated thrice in the morning; she felt free of pain in the abdomen, but was more troubled with the cough; the adhesive straps were removed, and others substituted; one of the stitches near the pubes had broken, and another was removed for future operations with the cautery, as might be determined on. The wound adhered throughout. Cont. ut heri, omitt. ol. ricini.

Thursday, May 5th.—Has been daily improving since last report. On Monday, she had her bed made, and was allowed weak beef-tea for dinner, which on Tuesday was made of an ordinary strength. Yesterday, she was allowed vegetable broth. This day, after passing a tolerable night, she felt herself remarkably well, having no pain, and little or no cough; but had some difficulty in voiding her urine. Yesterday, she took occasionally a drachm of nitrous ether, and applied warm moist cloths to the pudenda. To-day, the urine was drawn off; the pulse 84, and soft; the skin warm and moist, and the tongue clean and natural. She has a domestic enema administered every morning, which operates gently. The wound healing well, and the discharge so trifling, that the adhesive straps require to be changed only every second day.

Saturday, May 7th.—The cough and irritation of the bladder have subsided; she sleeps soundly, is free of pain, eats heartily, sits up for an hour in the day in bed, and has motion in her bowels without the enema: she is allowed ordinary fare. The wound healing rapidly.

On considering the nature of serous membranes, it appears that they are less prone to inflammation than cellular tissues, which are more confined or shut up. The exhalation, which is perpetually going on, seems to moderate action; which observation is strikingly illustrated in dropsy of the tunica vaginalis testis, or hydrocele, where the greatest difficulty is sometimes experienced by the surgeon, in producing inflammation sufficient to check the secretion, and cause adhesion. The inflammation which is requisite to accomplish this, sometimes borders on that requisite to produce suppuration, and even sphacelus. The same difficulty we have seen to exist in the sac of ovarian dropsy.

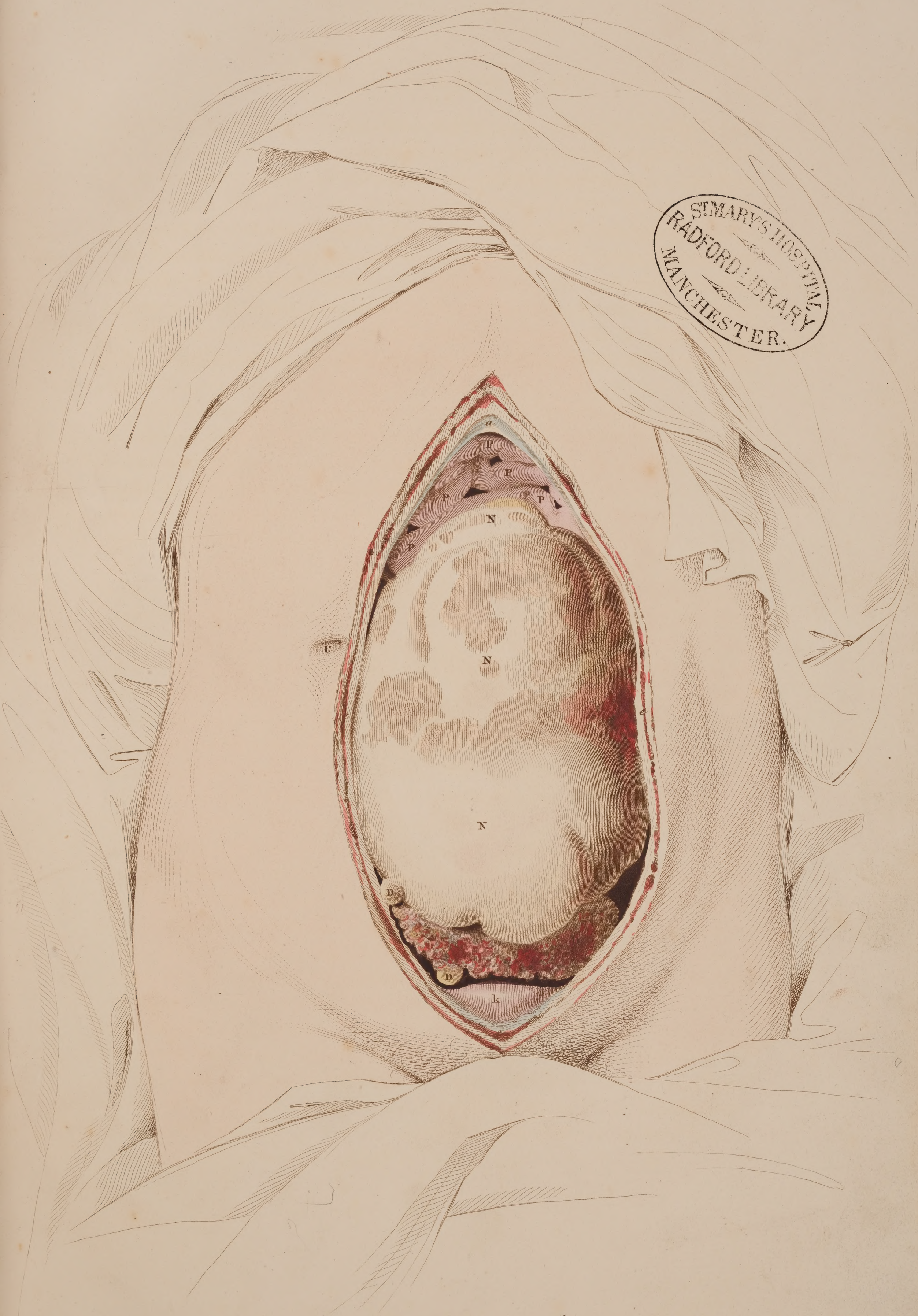
Morgagni and others dread the magnitude of the pedicle in the diseased ovary; but from what I have brought forward, this appears a phantom: even in Littre's case, the pedicle was simply the broad ligament of the uterus. John Hunter observes,

that tumours have generally a pendulous attachment, particularly those which hang into cavities from the membranous surfaces that form their boundaries, in which opinion he is supported by Sir Everard Home and Mr. Abernethy. In the sixth volume of the Edinburgh Medical Essays and Observations, a tumour, weighing eight pounds, is described hanging by a very narrow pedicle, from the peritoneum at the umbilicus. The adhesions which ovarian tumours form, is another objection urged by writers, and undoubtedly a very formidable one; but as it is extremely difficult to tell *a priori*, the external incisions must be made to ascertain these, and then few will stop here, and not give the patient a chance, by attempting to detach these adhesions. All adhesions, in my opinion, should be separated by the scalpel, to avoid contusion; and the moment the parietes, or viscera, are at liberty, they should be anointed with warm olive oil. If the tumours be so large, that a single longitudinal incision retards the operator, I am of opinion, it would be better to make a transverse one, to facilitate the separation, than to tear asunder the adhesions with the fingers. To prove how difficult, nay impossible, it is to tell whether an ovarian tumour be adhering, Morgagni relates a case where the tumour so filled the pelvic cavity, as to be quite immoveable, although only fixed by a small pedicle, and when lifted out, gave the sound of a cupping-glass pulled forcibly away from the skin. The last case which I operated on, I expected to find the tumour adhering throughout, and yet it was only attached to the anterior parietes of the abdomen inferiorly. The enlargement of the blood-vessels, is a third objection urged by writers, and a still more formidable one than adhesions; but the blood-vessels alluded to by writers are the spermatic, which can be easily secured. I am doubtful if any other than those of the omentum are ever concerned in such tumours. I have dissected prodigious ovarian tumours, wherein all the floating viscera have been adhering, and yet not a blood-vessel found leaving its peculiar viscus, and spreading on the tumour. The only instance I have met with, either in medical works or in nature, has been this last case, where the omental vessels ramified on the surface, and into the substance of the tumour. It seems, from the writings of Morgagni and others, impossible to ascertain by the symptoms, whether a tumour in the abdominal cavity be ovarian or not; and my own observation corresponds with these. We can tell if the uterus be sound, and we can ascertain if there be a tumour in the pelvis; but we can only judge by the account which the patient gives, whether the tumour is likely to be ovarian. These writers attempt to draw a diagnosis between ascites and diseased ovarium, from the countenance and other appearances of the patient; but this is extremely difficult, for the same expression of countenance, and other appearances and symptoms, are found in patients labouring under both of these diseases. Again, diseased ovarium is frequently accompanied with ascites; so that in our treatment, when we are aware that there is ascites, and suspect a diseased ovarium, we should first perform paracentesis abdominis. I may here remark, to shew that we are warranted in performing this operation, that the younger Du Verney and Morgagni detail several cases, wherein *paracentesis abdominis* for ascites proved fatal; and yet there is no operation in surgery

more frequently performed. Some of the earlier writers on this disease, as Meekren, Littre, and Chomel, imagined, that the fluid was interposed between the muscles and the peritoneum, apparently deceived by the adhesions of the sac to the parietes of the abdomen.

From these cases, it appears, that there is little danger to apprehend in laying open the abdominal cavity; and that in diseased ovarium, extra-uterine conceptions, *fœtus in utero*, with deformity of the pelvis preventing embryulcia, aneurism of the common or internal iliac arteries, or of the aorta, volvulus, internal hernia, cancer of the uterus, and foreign bodies in the stomach threatening death, we should have recourse early to gastrotomy. The delay in such cases is more dangerous than the operation.

PLATE 1.



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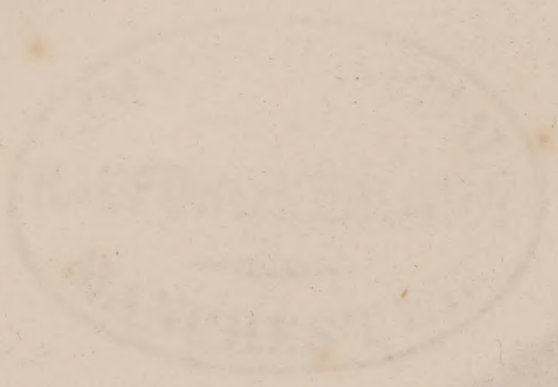

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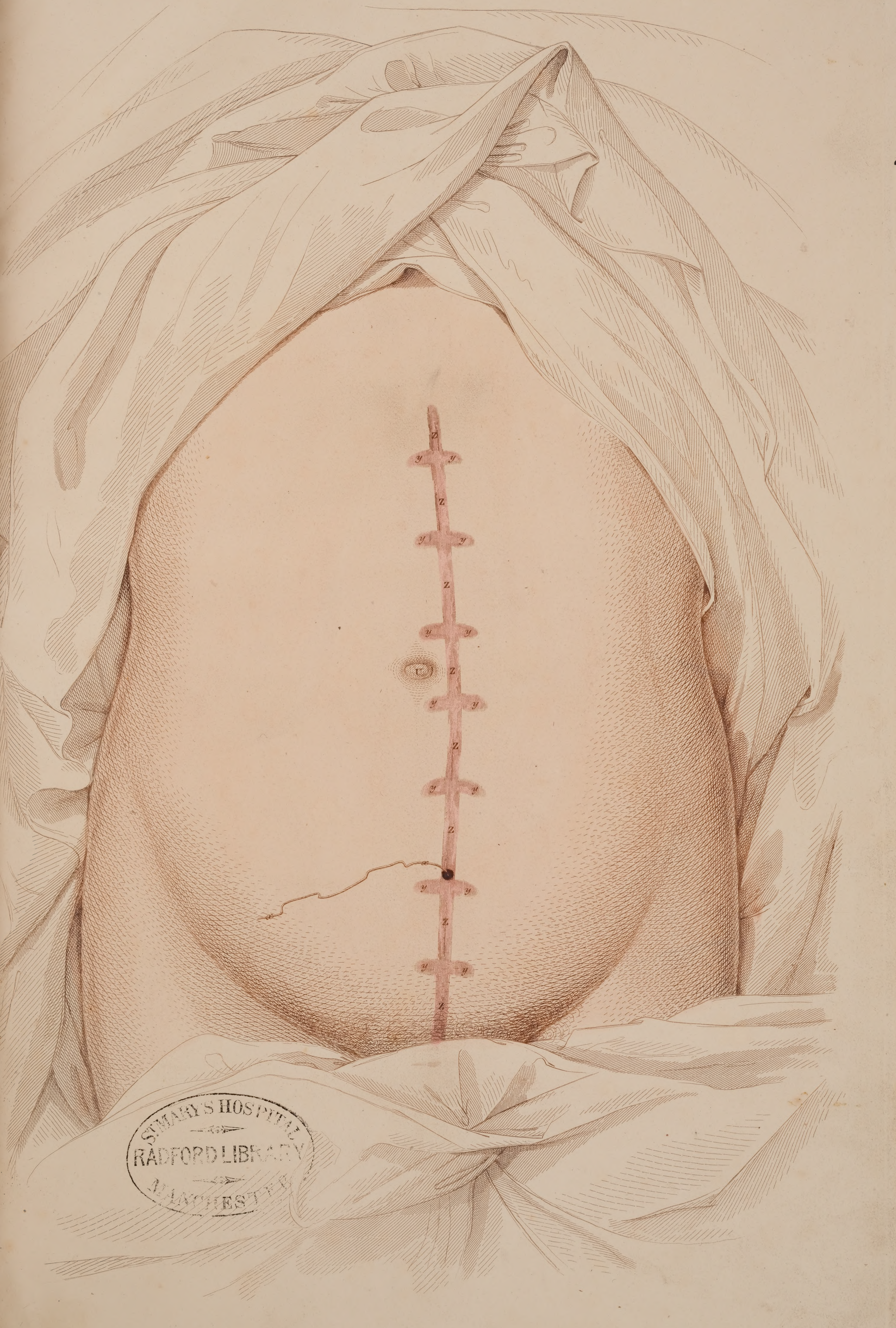

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